


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90037 028 \*\*\*\*61.25

<b>DOCUMENT # N07000006640</b>					
<b>1. Entity Name</b> GOOD SHEPHERD ORGANIZATION FOR FAMILY'S IN NEED, INC.					
<b>Principal Place of Business</b> 14555 N.E. 6TH AVENUE MIAMI, FL 33161			<b>Mailing Address</b> 14555 N.E. 6TH AVENUE MIAMI, FL 33161		
<b>2. Principal Place of Business - No P.O. Box #</b> 811 N.W. 106 STREET Suite, Apt. #, etc.		<b>3. Mailing Address</b> 811 N.W. 106 STREET Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami Florida Zip Country 33150 DC		<b>City &amp; State</b> Miami Florida Zip Country 33150 US		<b>4. FEI Number</b> 05142008 Chg-NP CR2E037 (12/06)	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> BESSARD, JEAN REV. 14555 N.E. 6TH AVENUE MIAMI, FL 33161			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: <u>Jean Bessard</u> (NOTE: Registered Agent signature required when resigning) DATE:					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHRM BESSARD, JEAN REV. 14555 N.E. 6TH AVENUE MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MESIDOR, LOUIS MARIE 14695 N.E. 17TH AVE NO. MIAMI, FL 33181	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MST BESSARD, EVELYN 14555 N.E. 6TH AVENUE MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Jean Bessard</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: <u>5-14-08</u> Daytime Phone #: <u>786-312-2160</u>	